

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/01/2022
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2022
NAME OF PROVIDER OR SUPPLIER Laguna Honda Hospital & Rehabilitation Ctr D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 375 Laguna Honda Blvd. San Francisco, CA 94116	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe environment for one of three sampled residents (Resident 1) when :</p> <p>a. Residents 1's behavior of putting her hands and fingers on the holes and playing with the bed siderails was not reassessed;</p> <p>b. Patient Care Assistant (PCA, a caregiver) used the EZ lift (device used to assist with transfers and movement of patients who require support for mobility beyond the manual support provided by caregivers alone) by herself, and without assistance when transferring Resident 1.</p> <p>This facility failure resulted in Resident 1 sustaining a left index finger (forefinger) fracture (broken bone) and a bruise (bleeding under the skin caused by an injury causing the blood vessels to burst) of the right chest.</p> <p>Findings:</p> <p>a. During a review of Minimum Data Set (MDS, a standardized assessment tool) dated 3/1/21, the MDS indicated, Resident 1 had diagnoses including traumatic brain injury (a brain injury usually caused by a violent blow to the head), dementia (decline in memory or other thinking skills), and paralysis (loss of movement) of the lower limbs (legs). The Brief Interview of Mental Status (BIMS, a brief memory test to help determine cognitive function) score of 3 indicated, severe cognitive impairment. Under functional status, Resident 1 required one to two persons physical assistance to perform activities of daily living including bed mobility, transfer, and personal hygiene.</p> <p>During an observation on 5/19/21, at 2:50 PM, Resident 1 is awake, sitting up in a wheelchair, smiling. Her verbal responses were limited to I'm fine, I'm okay, yes, and no. She did not remember the incidents that resulted to the left index finger fracture and bruise to the right chest.</p> <p>During an interview on 5/19/21, at 2:50 PM, with Charge Nurse, Charge Nurse stated, Resident 1 cannot tell us what happened. She has dementia. She moves around. She might have had the fracture when she reached for the siderail and hit her finger. Maybe she reached for something else. We did not monitor her behavior of reaching for the siderail.</p> <p>During an interview on 5/19/21, at 3 PM, with Registered Nurse (RN) 1, RN 1 stated, She cannot tell us how she hurt her finger, and how she had the bruise on the chest. She does not remember any incident. She has memory problem. We padded the bed siderails after the incident.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/19/21, at 3 PM, with Patient Care Assistant (PCA, a caregiver) 1, PCA 1 stated, Resident 1 has memory problem. She is confused. She repeats what she said again and again. We use EZ lift to transfer from her bed and her wheelchair. There has to be two people when using the EZ lift. It is for residents safety.</p> <p>During an interview on 8/25/21, at 11:10 AM, with CNA 2, CNA 2 stated, I have provided care to the resident Resident 1 for almost a year when I did overtime. She is confused. We use the EZ lift to transfer her from chair to bed. She always hold on to siderails. I have seen her put her hands and fingers on siderails. She also play with the siderails. She can get hurt doing that. I did not report the behavior.</p> <p>During an interview on 8/25/21, at 11:20 AM, with CNA 3, CNA 3 stated, I have been providing care to Resident 1 for four years. Resident 1 remembers on and off. During the shift endorsement from the night shift, everything is okay with Resident 1. I did not notice anything during breakfast. She ate by herself. It was her shower day. I used the EZ lift to transfer her from the bed to the chair. She was holding on to the siderail. Maybe she thinks she is going to fall. After the shower I transferred her back to bed. I transferred her using the EZ lift by myself. She was making noises. It was around lunch when I was handing her the cup, I saw her left index finger swollen, bruised and she was in pain. I should have asked for another staff for help. I know I am not supposed to use the EZ lift by myself.</p> <p>During a review of nursing note dated 3/28/21, the nursing note indicated Team Leader (TL) reported that around 1315 (1:15 PM), PCA noted bruise on resident's left index finger .TL said that resident had a shower this morning. According to PCA, she did not note the bruise during shower this morning. Only when helping resident at lunch time and was handing her a cup. She noted the bruise. Left finger slightly swelling, painful to touch .</p> <p>During a review of the X-ray of fingers .left .result dated 3/28/21, the X-ray result indicated, .acute non displaced fracture(when the bone breaks but does not move out of alignment [position]) of the second proximal phalanx (second finger, forefinger) .</p> <p>During a review of the Nurse Manager (NM) Incident Interview Report dated 3/30/21, the Incident Interview Report indicated, .Licensed Vocational Nurse (LVN) 1 noted Resident 1 inserting her both hands on the holes of both of her siderails. He also stated Resident 1 has this habit/behavior.</p> <p>During a review of the NM Incident Interview Report dated 3/30/21, the Incident Interview Report indicated, . PCA 2 observes Resident 1 to be holding/gripped her hands onto the bedside rails. PCA 2 said that this is her behavior and or habit.</p> <p>During a review of the NM Incident Interview Report dated 3/30/21, the Incident Interview Report indicated, . PCA 3 said Resident 1 likes to hold/grip on her bedside rails .</p> <p>During a review of the NM Incident Interview Report dated 3/30/21, the Incident Interview Report indicated, . PCA 4 said Resident 1 likes to hold/grip on her bedside rails .</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>During an interview on 10/7/21, at 6:30 AM, with LVN 2, LVN 2 stated, Resident 1 does put her hands and fingers in the bed siderail. We were not monitoring that behavior. We were not able to determine the cause of the left index finger fracture. There is no care plan because we do not know that it will be a destructive behavior.</p> <p>b. During a review of the nursing note, dated 3/29/21, the nursing note indicated, .noted yellowish discoloration at resident's right chest wall. There are 2 round shaped yellow mark measuring 8.1 centimeter (cm) by (x) 1.5 cm and 1.1 x 0.7 cm .Resident did not know what cause it .</p> <p>During a review of multidisciplinary problems, dated 7/14/21, the multidisciplinary problems indicated, . Activity of Daily Living (ADL) Maintenance . Interventions .14 .two person assist with EZ transfer .</p> <p>During a review of the facility's Investigation of Alleged Abuse dated 4/1/21, the Investigation indicated, .The most probable cause of the fracture of Resident 1's left index finger fracture was from her behavior/habit of putting/gripped her hands on the bed siderails. The finger might have caught in the siderail. In regards to the bruise of Resident 1's right chest wall; the EZ bar hanger might have hit her chest during transfer from bed to chair .</p>		